2005 PERSONAL CARE SERVICES TRAINING SURVEY

Participant Name: _____(*optional*)

This is a Cost Report Survey for you to provide feedback on the complete 2005 Personal Care Service Cost Reporting process (Training, Correspondence, Schedules). Your input is very valuable to us and is used to improve our process for the following year. After completing the Cost Report, please take a few minutes to fill this out and offer us any comments you may have. Please try to be as specific as possible with your responses. Please return this survey to Betty Jones by August 15, 2006. The form is also on the DMA web site @ http://www.dhhs.state.nc.us/dma/costreport.htm for you convenience.

- **Fax (919-715-2209)**
- **Email (betty.jones@ncmail.net)**
- **Mail (Betty Jones, DHHS, DMA, 2501 Mail Service Center, Raleigh, NC 27699-2501).**

Thank you in advance for taking the time to respond and for assisting us in further developing the Cost Reporting Process.

TRAINING:

1. **Did you attend a training session? If so, please indicate the location, date and proceed to question #2, otherwise skip to *Cost Report* section.**

2. **What did you like about the Cost Report training you received (i.e. available session, length, location, and presenter)?**

3. **What didn't you like about the Cost Report training you received?**

4. **Would you like to see the same type of Cost Report training next year? If not, what would you like to see changed or improved?**

5. **Where the training sites reasonable (90 miles radius) for your agency to travel to?**

COST REPORT- *Excel*:

1. **After using the *Excel* Cost Reporting application to complete your cost report, what did you like about the *Excel* Cost Report application?**

2. **What things regarding the Excel Cost Report application would you like to see changed or improved?   Please give any specific examples of items that could be improved.**

3. **Did you encounter any problems while using the *Excel* Cost Report application? If so, please explain?**

4. **What did you like regarding the *Excel* Cost Report Instructions?**

5. **What improvements or changes would you like to see in the *Excel* Cost Report Line Item Instructions?**

6. **Was the instructions on the disk (individually requested) for the PCS Training helpful? If not, why?**

COST REPORT - *paper schedules and instructions:*

1. **After using the paper cost reporting schedules to complete your cost report, what did you like about the Cost Report?**

2. **What things regarding the paper cost reporting schedules would you like to see changed or improved? Please give any specific examples of items that could be improved.**

3. **Did you encounter any problems while using the paper cost reporting schedules? If so, what?**

4. **What improvements or changes would you like to see in the Cost Reporting Line Item Instructions?**

5. **What did you like about the Cost Reporting Line Item <u>Instructions</u>?**

COMMUNICATIONS AND SERVICE:

1. **How was the customer service you received from the Division of Medical Assistance staff throughout the entire Cost Reporting process?**

2. **What suggestions would you make for improving our customer service during the Cost Reporting process?**

3. **What did you like regarding our web site?**

4. **What changes would you like to see added to our web site (i.e. additional information you would like to see)?**

5. **Any other comments you would like to make regarding the Cost Reporting process.**